

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 1661

BIRTH NO.		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5661		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LEWIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGHLAND Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL TWP. HIGHLAND</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>TWP.</u>			
3. NAME OF DECEASED (Type or Print) <u>DONALD</u>		a. (First) <u>LEE</u>		b. (Middle) <u>OLSON</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25-1950</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	
8. DATE OF BIRTH <u>JULY 25-1947</u>		9. AGE (In years last birthday) <u>2</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTH PLACE (State or foreign country) <u>LEWIS COUNTY</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>CARL Franklin Olson</u>				13b. MOTHER'S MAIDEN NAME <u>Edna LEE BENNER</u>			
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Olson</u> ADDRESS <u>Ewing, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Choked on a penicillin tablet which was sucked into the trachea causing suffocation.</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> ***** Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. F-9220 18			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				21a. ACCIDENT (Specify) <u>Accident</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HIGHLAND TWP. LEWIS MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 25, 1950 4:30 p.m.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Penicillin tablet sucked into trachea</u>				22. I hereby certify that I attended the deceased from <u>Jan. 25, 1950</u> , to <u>Jan. 25, 1950</u> , that I last saw the deceased alive on <u>Jan. 25, 1950</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry L. McBracken D.O.</u>				23b. ADDRESS <u>La Belle, Missouri</u>			
23c. DATE SIGNED <u>1/27/50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Jan. 27-1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Marion</u>			
24d. LOCATION (City, town, or county) (State) <u>Ewing, Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> ADDRESS <u>Ewing, Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-30-50</u>				REGISTRAR'S SIGNATURE <u>P. St. Jennings</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 2 1950
District Health Officer No. 10
District File Number 2-50-
Date Filed FEB 2 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.